•	BEST AVAILABLE COPY													
glication or Docket Number												ber		
PATENT APPLICATION, FEE DETERMINATION RECORD 09/840463														
	Effective October 1, 2000 AM (00 12 3													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OI			OTHER SMALL			
TOTAL CLAIMS			25				RAT	Ε	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			25 minus 20=		• 5		X\$ 9	ď		OR	X\$18=	90		
INDEPENDENT CLAIMS			6 minus 3 =		. 3		X40	X40=		OR	X80=.	240		
MU	LTIPLE DEPEN	DENT CLAIM P	REȘENT				+135=			OR	+270=		S	
* If the difference in column 1 is less than zero, enter *0" in column						olumn 2	TOTA	AL.		OR	TOTAL	1040	J	
	CLAIMS AS AMENDED - PART II										OTHER	THAN	2	
(Column 1) (Column 2) (Column 3)							SMA	щ	ENTITY	OR	SMALL		A	
MTA		CLAIMS REMAINING AFTER AMENDMENT	:	NUM PREVI	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	Best available	
AMENDMENT	Total	. 26	Minus	- 7	45)	· ·	X\$ 9			OR	X\$18=			
	Independent	. 6	Minus	900	V	• /	X40	9		OR	X80=		Q	
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+270=		O	
							+135	TAL		OR	- CA - 11		OPY	
Q	028.06	(Column 1)	ADDIT.			IOH .	ADDIT. FEE	L						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENOMENT	Total	. 16	Minus	• 2	5	3	XSS	P	\langle	OR	X\$18-			
	Independent	· 2	Minus		6	-	X40	-		OR	X80=/			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	-		OB	+270=			
26,27,								TAL	_		TOTAL			
ADDIT. FEE ADDIT. FEE														
_		(Column 1)		HIGH	mn 2) Hest	(Column 3)		_	ADDI-		·	ADDI-	l	
NOMENT C		REMAINING AFTER AMENOMENT		PREV	BER OUSLY FOR	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE		
Ş	Total	•	Minus	••		5	X\$ 9	=		OR	X\$18≃			

Independent

Minus

* if the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the Triighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The Triighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The Triighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

X40=

+135=

X80=

+270=

TOTAL OR ADDIT. FEE から、大学教育を発生の一般を見るというというできる。